JEST AVAILABLE COPY

								1	Application or Docket Number				
	PATENT	APPLICATIO Effect	N FEE D	RD.	10-617-276								
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15				. [RATE	FEE .	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FE	E 375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		• 0		ſ	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3. minus 3 =		• 0		Ī	X42≑		OR	X84=		
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	_				+140=	1	OR	+280=		
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2				TOTAL	 	OR	TOTAL	750	
٠.	, c			L.,	10	OTHER	THAN						
· 	5/12/11	(Column 1)				(Column 3)		SMALL	ENTITY .	OR	SMALL	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 1/	Minus	**		n		X\$ 9=		OR	5 €5 X\$18=		
	Independent	• 4	Minus		3	= /	1	X42a		OR	200 X 0 4=	200	
,	FIRST PRESE	NTATION OF MI	JETIPLE DEI	PENDENT	CLAIM			+140=			+280=		
			:				L	TOTAL		OR-	TOTAL		
	,	10 -1 11					A	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	:	
_	, p	(Column 1) CLAIMS		(Colun						1 1	:		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	•	=	•	X\$.9=		OR-	X\$18=		
	Independent	ATTATION OF MI	Minus	***	OL 4144	=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	·	OR	+280=		
•					-	•	ـ اـ	TOTAL			TOTAL	· ·	
		(Column 1)		· ' . (Colun	nn 2)	(Column 3)	AL	DOIT. FEE	• .	,•	ADDIT. FEE		
ن:		CLAIMS REMAINING		HIGH	EST				·ADDI- ·			ADDI-	
AMENDMENT C		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	,	
AME	Independent	•	Minuş	***		=	 	X42=		OR	X84=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** [** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OF TOTAL ADDIT. FEE ADDIT. FEE												
•	The Highest Num	ber Previously Pai	for" (Total or	Independe	ent) is the	highest number	found	1 in the ap	propriate box	in col	umn 1.		